

**Provider Inspection Summary**

For the period 06/01/2003 to 05/31/2006  
Community Based Residential Facility  
CLASS CNA (NONAMBULATORY)

**Facility Information**

**Facility Name:** HARBOR HOUSE (0010151)

**Address:** 6722 HWY 50 EAST, LAKE GENEVA, WI 53147

**License Status:** REGULAR

**Licensed/Certified/Registered** 02/01/2004

**Regional Office:** SOUTHEASTERN REGION (MILWAUKEE), (414) 227-2005

**Survey History**

**Survey ID:** 0097316      **End Date:** 05/15/2006      **Type:** STANDARD      **Purpose:** SURVEY/COMPLAINT/SELF REPORT

**Results:** ENFORCEMENT ACTION

**Statement of Deficiency:** #10009167    Served 07/17/2006

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
83.19(1)(a)	PARTIES TO BE NOTIFIED		
83.21(4)(p)	PROMPT AND ADEQUATE TREATMENT		
83.32(2)(d)	REVIEW OF PROGRESS		
83.33(2)(g)1	HEALTH MONITORING-COMMUNICABLE DISEASE		
83.41(10)(b)	MECHANICALS IN GOOD REPAIR		
83.41(4)(b)2	GAS FURNACE SERVICED EVERY 3 YEARS		

**Survey ID:** 0092448      **End Date:** 04/26/2004      **Type:** STANDARD      **Purpose:** SURVEY

**Results:** STATEMENT OF DEFICIENCY ISSUED

**Statement of Deficiency:** #10008692    Served 05/01/2004

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
83.35(7)(b)1	WORK AREAS AND EQUIPMENT	05/15/2006	Yes

*Disclaimer: This information is provided as a public service by the Wisconsin Department of Health and Family Services (DHFS). The Department neither endorses any facility nor guarantees that this information is accurate, up-to-date, or complete. This information, which should not be used as a sole source in selecting a facility, does not replace official information sources.*

DEPARTMENT OF HEALTH AND FAMILY SERVICES  
Division of Disability and Elder Services  
Printed 07/28/2006

## Provider Inspection Summary

For the period 06/01/2003 to 05/31/2006  
Community Based Residential Facility  
CLASS CNA (NONAMBULATORY)

STATE OF WISCONSIN  
Bureau of Quality Assurance  
P.O. Box 2969  
Madison WI 53701-2969

**Survey ID:** 0090748      **End Date:** 07/02/2003      **Type:** INITIAL      **Purpose:** SURVEY

**Results:** NO STATEMENT OF DEFICIENCY ISSUED

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**Provider Inspection Summary**

For the period 06/01/2003 to 05/31/2006  
Community Based Residential Facility  
CLASS CNA (NONAMBULATORY)

**Complaint History**

**Date Complaint Received: 05/25/2006**

**Date Investigation Completed: 07/12/2006**

Subject Area(s)

ADMINISTRATION  
STAFF TRAINING AND PROFICIENCY

Result

NOT SUBSTANTIATED  
SUBSTANTIATED

SOD #

NOT RECORDED

**Date Complaint Received: 04/17/2006**

**Date Investigation Completed: 05/15/2006**

Subject Area(s)

RESIDENT RIGHTS  
ADMINISTRATION

Result

SUBSTANTIATED  
SUBSTANTIATED

SOD #

10009167  
10009167

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